

**Department Of Health
Health Professions Quality Assurance Division
Washington State
Medical Quality Assurance Commission
Policy Statement**

Title:	Treating Partners of Patients with Sexually Transmitted Chlamydia and Gonorrhea	Number: MD2008-03
Reference:		
Contact:	Beverly Teeter, Program Manager George Heye, MD, Medical Consultant	
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Approved		
	Cabell Tennis, J.D., Chair	

POLICY STATEMENT:

The Medical Quality Assurance Commission recognizes that the adequate treatment of sexually transmitted chlamydia and gonorrhea infections has always been a difficult public health issue. When chlamydia and gonorrhea are identified in a patient the adequate treatment and prevention of recurrence in the patient often depends on the treatment of the partner or partners who may not be available or agreeable to direct examination.

The Medical Commission recognizes that it is a common practice for health care practitioners to provide antibiotics for the partner(s) without prior examination. While this is not ideal in terms of the diagnosis and control of chlamydia and gonorrhea, the Medical Commission recognizes that this is often the only reasonable way to access and treat the partner(s) and impact the personal and public health risks of continued, or additional, chlamydial and gonorrheal infections.

The Medical Commission urges practitioners to use all reasonable efforts to assure that appropriate information and advice is made available to the partner or partners of a patient with chlamydia or gonorrhea.

In order to assure widespread access to patient delivered partner therapy (PDPT), the Commission recognizes that some clinical providers and public health agencies will need to allow staff to provide PDPT according to a special prescribing protocol. A clinician with prescribing authority will review and approve all prescriptions by within 7 days. Public health staff providing PDPT will undergo training to be defined by the local health officer. A model prescribing protocol is attached.

Special Prescribing Protocol for Public Health Expedited Partner Therapy¹

- A. PDPT and medication to be picked-up by partners.
 - 1) Direct therapy without prior exam will be available to the following populations
 - a) Heterosexuals reported with gonorrhea (GC) or chlamydia (CT) with untreated sex partners. Therapy in this instance will be intended for the untreated sex partner(s), and delivered by the person reported with GC or CT infection.
 - b) Sex partners of heterosexuals with GC or CT contacted by public health representatives for the purposes of partner notification
 - c) Untreated heterosexuals with GC or CT reported by providers and contacted by public health staff.
 - 2) Sex Partner treatment via PDPT
 - a) All medications will be distributed in “Partner Packs”
 - i. Partner Packs will contain azithromycin for CT and, for the partners of persons with GC, cefpodoxime or cefixime.
 - ii. Packs will contain printed instructions on
 - a. How to take medications
 - b. A warning not to take medications if the partner has an allergy to penicillin or related drugs (GC packs) or azithromycin or another macrolide. Persons with allergies will be instructed to call the Public Health STD Clinic.
 - c. Advice to seek an evaluation for STD.
 - d. Printed instructions will be sealed into the partner pack.
 - b) Prescribing via contact with Public Health STD Clinic
 - i. All prescriptions for partner packs need to be approved and signed by a person with prescribing authority at the local health department within 7 days of completion. This should occur at the earliest possible time.
 - ii. Obtain and document patient approval of child-proof packaging.
 - c) Medication distributed thru community providers².
 - i. Providers can call in prescriptions directly requesting public health CT or GC “Partner Packs”.
 - ii. Providers seeing large numbers of persons with GC or CT will be provided “Partner Packs” to have in their office.

¹ This protocol was developed for PHSKC so the information is specific to PHSKC. If the medications are not provided in Partner Packs, contact the prescriber.

² The PHSKC goal is to provide the partner packs to control the contents

B. Contacting Partners

- 1) Limited to partners whom patients request be contacted
- 2) Level of effort to contact partners
 - a) In general, public health staff should continue to attempt to contact untreated partners until no reasonable possibility exists that these people can be located.
 - b) Minimum efforts should include
 - i. Five calls or pages minimum
 - ii. letter
 - iii. Attempt to contact at work or school, if known.
 - iv. Check jail
- 3) Interview—Partners should undergo a standard partner interview
- 4) Partner Treatment
 - a) The preferred means of managing partners is to have the partner come to an STD clinic or see a clinical provider
 - i. Offer to help make an appointment for partner
 - ii. Stress the importance of physician examination to rule out PID in women.
 - b) If partner adherence to treatment recommendation is in doubt, arrange picking up medication from the pharmacy.
 - c) If medications are to be provided directly to a partner, ask them about drug allergies.
 - d) Partners will not receive additional medications for other partners without documenting infections.